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TITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 015270-005910ÙS

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SUTEM OF	In re Application of Dale B. Schenk					
		Application Number 09/585,817 Filed June 1, 2000				
	F	PREVENTIO DISEASES	N AND TREATM	ENT OF AMYLOID		
		roup Art Unit 347	Examiner Christopher J. I	Nichols	JUN	
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired):					
	☐ One month (37 CFR 1.17(a)(1))			\$		
	☐ Two months (37 CFR 1.17(a)(2))			\$		
	☐ Three months (37 CFR 1.17(a)(3)) \$9.			, \$930)	
	☐ Four months (37 CFR 1.17(a)(4)) \$					
	☐ Five months (37 CFR 1	17(a)(5))		\$		
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet. I am the ☐ applicant/inventor. ☐ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). ☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).					
	be included on this form. Provide o	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
	June 4, 2003		1/10/16	mais.	(d)	
	Date		Coa	Signature		
06/09/2003 NAOHU	m 1 00000038 201430 09585817		Rosemai	rie L. Celli, Reg. No	. 42,397	
01 FC:1253	930.00 CH			Typed or printe	d name	
	NOTE: Signatures of all the inventors or assignees of reforms if more than one signature is required, see below *Total of 1 forms are submitted.	ecord of the entire intere	est or their representa	tive(s) are required. Sub	mit multiple	

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. PA 3309374 v1